

**INSTRUCTIONS FOR COMPLETING THE
CHILD AND ADULT CARE FOOD PROGRAM
APPLICATION FOR RENEWING SPONSORS OF CENTERS**

The application is available at doe.sd.gov/oess/cans/cacfp/applications.asp. If you have computer Internet access, you can download the document and complete it on the computer or print it out and complete it by hand. Note: there are changes from the prior year if you are using a previous copy. Original or agency – approved electronic signatures are acceptable. The application can be submitted on paper or electronically.

Read and follow these instructions carefully. Approval of applications for the nutrition programs is a lengthy process. Your cooperation in submitting them on time and with accuracy will be sincerely appreciated. Please feel free to contact our office with any questions you may have.

The application consists of three parts to be completed and returned with appropriate attachments, along with a Policy Statement, including the letter to parents (two pages), application for free and reduced price meals (two pages), public release, and if a pricing program, the notification letter. One copy of each application part and attachments is to be completed with original signatures and returned to the CANS office. A copy of the approved application packet and an approval letter from the South Dakota Department of Education, Child and Adult Nutrition Services, will be sent to you after it has been determined that the information meets all guidelines and regulations. The narrative (parts 4 and 6) and the regulations, along with policies, instructions, and policy manuals govern the program.

The approved Parts 1, 2, 3, and attachments, as well as the narratives in Parts 4 - 6 are to be kept at the Local Agency for 3 years past the last year of usage, at a minimum. Agreements are approved for three years and renewed annually during the two years in between agreements. For example, if the "base year" agreement (2007-2008) were renewed annually for 2 years (through 2010), Parts 2 - 3 would need to be kept on file for 3 years past 2010 because these parts are approved for three years and only updated in the two renewal years. Agencies that begin Program operation in years after 2007-2008 may not have two renewal years before another base year application is collected.

Complete Parts 1, 2, and 3, sign them as needed, and return them with appropriate attachments. Again, please do not hesitate to contact our office at (605) 773-3413 with any questions as you complete this application packet.

Applications should be submitted to:

Child and Adult Nutrition Services - DOE
800 Governors Drive
Pierre, SD 57501-2235

Claims and Audits should be submitted to:

Finance & Management Services - DOE
700 Governors Drive
Pierre, SD 57501-2291

Again, review of information and approval of the application is a lengthy process. During this time the State must secure and approve your materials if changed from the prototypes in Policy Statement Attachments (B & C). If you deviate from any of the attachments (letter to parents, application form, etc.), you must secure written approval from Child and Adult Nutrition Services personnel prior to releasing them for distribution.

Part 1 – Combined Application

All agencies complete and return only one copy of part 1, regardless of how many programs the agency operates. This section has general information about all programs.

A. Local Agency Data

1. Addresses and Phone Numbers – Provide the addresses and phone numbers for the local agency. The Local Agency Number will be assigned by CANS once the application is received in the office. Leave this blank unless the agency operates another Child Nutrition program. The number will remain the same across all Programs. The first address will be used for mail for the authorized representatives for all programs the agency operates unless different names and addresses are designated on Section E on page 2 for the different Programs. The second address requested is one for package delivery. This applies to agencies that use a P.O. Box for their mail or those that desire packages to be delivered to a different address. A street address is required for packages sent through package delivery services.
2. Local Agency Status – Indicate which of the listed items apply to the agency status. Include any required attachments. New Private and Public non-profit local agencies must provide proof of their tax-exempt status under section 501(c) 3 of the amended IRS code. Private, for-profit, non-residential child care agencies may be allowed to participate in the program under certain circumstances. Contact CANS staff members for additional information.

B. Programs

Check the program(s) the local agency is applying to operate. The Food Distribution Program (commodities) box should be checked if the SFA or SFSP agency plans to order commodities. It is possible that the Local Agency is not aware of all Summer Food Service Program plans for summer. The application can be amended to add/change/delete as the time to operate programs draws nearer.

C. Meal/Milk Count Method

It is imperative that all agencies maintain a reliable method for taking meal counts each day at each meal service. There are many acceptable methods for completing meal counts. Check whether point-of-service is used or an alternate method will be used.

Point-of-service means that there is a point in the food service operation where a determination can accurately be made that a reimbursable free, reduced-price, or paid meal, or free or paid milk has been served to an eligible child. This is traditionally at the end of the serving line.

Alternate systems mean the count is taken in a different manner. Alternate systems must be approved by CANS. A few examples include: 1) the meals are served family style and the names of children are checked on the roster immediately after they have been served. 2) Tickets are taken or roster is checked off at the beginning of the meal service line and the last person in the line makes sure that all children have the right number of food items on their trays. 3) Children are seated and their individual meals are brought to them. The names of children are checked on the roster immediately after they have been served. Provide additional information to describe any alternate systems used by each site in the Local Agency.

If your SFA uses a computer software program for daily meal counts please provide the name of the software program or package. CANS often times gets requests from schools and agencies for what programs are being used in South Dakota. The information provided can help CANS give assistance. The information is not released to any companies.

D. Production Records

Production records must be maintained for all special nutrition programs, except the Special Milk Program and in day care homes. A prototype has been provided by the State Agency (CANS) for each program. The one for school meals can be found in SD NSLP Memo #9A. CACFP is in the production records book, and SFSP is distributed at training. If that prototype is used, check that box. If the local agency has developed its

own production record or is using one from a company (such as a computerized method), check the alternate form box and include a completed sample of what is used. If infant meals are claimed, also provide a copy of a completed infant production record form.

E. Personnel

This item requests information for personnel for all programs and the address and contact for commodity delivery. Sometimes the same person is responsible for all areas of all programs. If that is the case, it is not necessary to complete the information over and over again. Just write "same" on the top line of that section. The names of the Programs are in the columns and the information being requested relative to each program is listed in the rows on the left. CACFP applicants should use the second Program column.

NOTE, the form asks you to provide the name and e-mail for someone who can be a second contact person when the first person may not be available. This is only needed for those agencies that have only one person responsible for all areas. This would be used only in emergency situations.

The **Authorized Representative** is the person designated and authorized by the governing board to enter into contracts on behalf of the local agency and must be administratively responsible to Child and Adult Nutrition Services for all administration and operation terms of the Special Nutrition Programs. Include an extension number for the telephone if that type of system is utilized. A separate fax number can also be listed. Sometimes one person in an agency is the authorized representative and signs the agreement, but chooses to designate someone else in the agency to receive correspondence from this office. It is the agency's responsibility to make sure information is appropriately shared.

The **Claim Representative** is the person responsible for completing the claims for reimbursement and the person to be contacted in case of questions regarding the claim. Mail for the claim representative is sent to the mail address from page 1. The phone number for the claim representative should be listed if it is different than that of the local agency or authorized representative. Include an extension number, if appropriate. A separate fax number can also be listed.

The **Food Service Director** is the person responsible for food service/nutrition program operations at the local agency. This person is sometimes located in a different building. A separate mailing address for the food service director can be listed, if needed. Include a telephone extension number, if appropriate. A separate fax number can also be listed.

The **Commodity Delivery Address** is the physical address where the commodities will be delivered if the agency receives commodities. Commodities are not available for Child & Adult Care Food Program agencies so this section does not need to be completed for this Program. CACFP agencies receive a cash-in-lieu rate to be able to purchase product that is more readily usable for small groups.

F. Site Summary

This item asks for the name of each attendance center and some relative information in regard to that center. Each attendance center should be listed, whether or not they are all in the same building. The columns on the left list the various programs in which a site can participate. The city is needed to help identify the site. The type of center varies by program. See site types on next page.

CHILD AND ADULT CARE FOOD PROGRAM

ADCC – Adult Day Care Center
 ASC – After School Care
 CC – Child Care Center
 CCCH – Child Care Center - Head Start & Early Head Start
 CCCO – Child Care Center – Other Title XX for Profit Center
 DCH – Day Care Home
 ES – Emergency Shelter
 GFDCH – Group Family Day Care Home
 OSH – Outside School Hours

SUMMER FOOD SERVICE PROGRAM

CAMP – Residential Camp
 ENRL – Enrolled Site
 MIGR – Migrant
 NRC – Nonresidential Camp
 NYSP – National Youth Sports Program
 OPEN – Needy Area

NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST

RCCI – Residential Child Care Institution
 ELSCH – Elementary School
 MSCH – Middle School
 JHSCH – Junior High School
 PSCH – Pre School
 SHSCH – Senior High School
 UNSCH – Un-graded School

SPECIAL MILK ONLY

NPN – Nonprofit Nursery
 SC – Summer Camp
 ELSCH – Elementary School
 MSCH – Middle School
 JHSCH – Junior High School
 SHSCH – Senior High School
 PSCH – Pre School
 SH – Settlement House
 SVCI – Service Institution
 RCCI – Residential Child Care Institution

The columns on the left list the various programs in which a site can participate. CACFP applicants should complete the CACFP rows (2nd section from the bottom).

Begin Date – list the beginning date of program operations in the federal fiscal year. The application covers the federal fiscal year of October 1 through September 30. If the local agency operates year round, the begin date should be listed as the date the agency would like to begin Program operations at the site.

End Date – list the end date of program operations in the federal fiscal year. The application covers the federal fiscal year of October 1 through September 30. If the local agency operates year round, the end date should be listed as September 30th.

Operating Days per Week – Circle the days of the week that the attendance center is open.

Total Number of Operating Days – Indicate the number of days the attendance center intends to operate in this program year (October 1st through September 30th).

G. Contracts

Circle Yes or No for each question. On the lines below, list any contracts that were answered with a "yes" and attach a copy of that contract for approval. CANS staff must approval all contracts.

H. Attachments

Include copies of required documentation and check which documents are attached. New Local Agencies that are private or public nonprofit must provide proof of their tax-exempt status under section 501(c)3 of the amended IRS code.

I. Authority

The authority for program operation is provided in Section I.

J. Assurances

This section provides assurances that the program will be operated according to program requirements, that the agency has not been suspended or debarred.

Part 2 – Child and Adult Care Food Program Application –

A. Local Agency Information

1. Fill in the Local Agency name and the Local Agency number. Child and Adult Nutrition Services (CANS) assigns this number (see last year's approved application).
2. **Production Records** – Indicate the number of new Menu Production Record books that are needed for the upcoming program year. If no books are needed write "0" on the line. A maximum of one book per site (building) is allowed. If infant meals are claimed for reimbursement, the infant meal patterns must be followed and infant menu production record forms must be maintained for each infant meal claimed for reimbursement. Prototype infant production record forms are available upon request from the State Agency though not in bulk. The agency will need to make copies of the infant production record form as needed.
3. **Contracts** – All contracts must be listed here, a copy of each contract must be included with the application, and each contract must be approved by the State Agency. A sample Food Service Management Company Contract with bidding procedures is available from the State Agency on request. A prototype agreement between a school and a center can also be requested if the agency wishes to purchase meals from a school.
4. **Attachments** – Indicate the applicable attachments that will be included with the renewal application. See the bold print behind each bullet to determine if this is an attachment that must be included. Note that some are required for all agencies, others are only required if applicable.
5. **Amendments to the 3-Year Application** – NOTE: This is a renewal application. The 2007-2008 application (or new center application if the agency did not participate in 2007-2008) is considered to be in effect until such time that a new center application is collected from the agency. It is the responsibility of the local agency to review the approved 2007-2008 application (parts 2 and 3) and submit any changes to that application. Changes must be submitted to Child and Adult Nutrition Services (CANS) by using Attachment G.

B. Management Plan

1. **Training** –
 - a. **Training Verification** – The agency must provide documentation of the CACFP Training provided to each key staff during the 2007-2008 Program year. Documentation should include a copy of the agendas for each training session. Agendas must indicate the topics covered (all topics listed on the application must be covered annually). A copy of the sign in sheets must also be provided so as to show proof that all key staff were trained in their areas of job responsibility during the most recent prior Program year. If documentation is not available, the agency will be required to train all key staff before this renewal application can be approved.
 - b. **Training Plan** – Complete the chart to indicate the training plan for the agency for the upcoming program year (October 1, 2008 through September 30, 2009). If the agency does not care for infants, the infant feeding topic does not need to be covered.
2. **Monitoring** – Each site sponsored by the local agency must be monitored at least three times each year, including one review during the first four weeks of program operation. These reviews cannot be more than six months apart. At least two of these reviews must be unannounced (the site can not be notified in advance of the review). At least one unannounced review must include the observation of a meal service. If a serious deficiency is

noted during any review, the next review **must be** unannounced. Complete the chart on the application to reflect the monitoring schedule for each site. If the agency sponsors more than 10 sites copy this chart as needed prior to completing the form. Note that the local agency is responsible for monitoring each meal type approved (including breakfasts and supper) at each site.

C. Finance Section

1. **Audit** – If the agency received and spent over \$500,000 in federal financial assistance in the prior fiscal year an A133 audit is required. Indicate the date of the last financial audit and the firm doing the audit. If the agency did not receive and expend over \$500,000 in federal financial assistance, the agency is exempt from audit. Mark the appropriate box and complete this section if an audit is required.
2. **Pricing Programs** – This question only needs to be answered by pricing programs. If the center charges a separate fee for meals, the local agency is a pricing program. Indicate the amount that is charged for the meals. It is not allowable to charge any fees for meals to families who qualify for free meals. The maximum fee that may be charged to families who qualify for reduced price meals are: breakfast = \$.30, lunch or supper = \$.40, and snacks = \$.15. There are no limits to the fees that are charged to adults or to families who do not qualify for free or reduced price meals. Record the fees charged for each meal type. If no fee is charged for a specific meal, write “0” on those lines.
3. **Multi-State Operations** – All agencies must complete question a. If the answer to question a is “yes” then you must complete questions a-c. For question b, indicate if the parent organization or the local agency is financially and/or administratively responsible for the organization. For question c, provide an answer yes or no.
4. **Annual Budget** – The following worksheet is a means of determining the approximate amount of reimbursement (CACFP funds) that will be received. Complete the worksheet using approximate average daily participation (ADP) for each meal (according to the estimated number of free, reduced, and paid participants participating). Take that number times the actual number of serving days (as provided in F. Site Summary of Part 1 – Combined Application). This will give you the number of meals per year. Take the number of meals times the current rates of reimbursement to get the amount of reimbursement for that meal type according to the eligibility categories. Current rates of reimbursement were sent with the information packet or are available upon request from the state agency. The reimbursement column should be added for each meal type. The totals from each meal type should be added together to determine the total anticipated CACFP meal reimbursement. **If you use this worksheet to determine your estimated reimbursement, send a copy of the completed worksheet pages.**

<u>Breakfast:</u>	Free	$\frac{\quad}{\text{ADP}} \times \frac{\quad}{\text{DAYS}} = \frac{\quad}{\text{MEALS}}$	$\times \frac{\quad}{\text{RATE}} = \frac{\quad}{\text{REIMBURSEMENT}}$
	Reduced	$\frac{\quad}{\text{ADP}} \times \frac{\quad}{\text{DAYS}} = \frac{\quad}{\text{MEALS}}$	$\times \frac{\quad}{\text{RATE}} = \frac{\quad}{\text{REIMBURSEMENT}}$
	Paid	$\frac{\quad}{\text{ADP}} \times \frac{\quad}{\text{DAYS}} = \frac{\quad}{\text{MEALS}}$	$\times \frac{\quad}{\text{RATE}} = \frac{\quad}{\text{REIMBURSEMENT}}$
Total Breakfast Reimbursement = _____			

Lunch: Free $\frac{\text{ADP}}{\text{ADP}} \times \frac{\text{DAYS}}{\text{DAYS}} = \frac{\text{MEALS}}{\text{MEALS}} \times \frac{\text{RATE}}{\text{RATE}} = \text{REIMBURSEMENT}$

Reduced $\frac{\text{ADP}}{\text{ADP}} \times \frac{\text{DAYS}}{\text{DAYS}} = \frac{\text{MEALS}}{\text{MEALS}} \times \frac{\text{RATE}}{\text{RATE}} = \text{REIMBURSEMENT}$

Paid $\frac{\text{ADP}}{\text{ADP}} \times \frac{\text{DAYS}}{\text{DAYS}} = \frac{\text{MEALS}}{\text{MEALS}} \times \frac{\text{RATE}}{\text{RATE}} = \text{REIMBURSEMENT}$

Cash in Lieu of Commodities $\frac{\text{MEALS}}{\text{MEALS}} \times \frac{\text{RATE}}{\text{RATE}} = \text{REIMBURSEMENT}$

Total Lunch Reimbursement = _____

Supplements: Free $\frac{\text{ADP}}{\text{ADP}} \times \frac{\text{DAYS}}{\text{DAYS}} = \frac{\text{MEALS}}{\text{MEALS}} \times \frac{\text{RATE}}{\text{RATE}} = \text{REIMBURSEMENT}$
(Snacks)

Reduced $\frac{\text{ADP}}{\text{ADP}} \times \frac{\text{DAYS}}{\text{DAYS}} = \frac{\text{MEALS}}{\text{MEALS}} \times \frac{\text{RATE}}{\text{RATE}} = \text{REIMBURSEMENT}$

Paid $\frac{\text{ADP}}{\text{ADP}} \times \frac{\text{DAYS}}{\text{DAYS}} = \frac{\text{MEALS}}{\text{MEALS}} \times \frac{\text{RATE}}{\text{RATE}} = \text{REIMBURSEMENT}$

Total Supplement (Snack) Reimbursement = _____

Supper: Free $\frac{\text{ADP}}{\text{ADP}} \times \frac{\text{DAYS}}{\text{DAYS}} = \frac{\text{MEALS}}{\text{MEALS}} \times \frac{\text{RATE}}{\text{RATE}} = \text{REIMBURSEMENT}$

Reduced $\frac{\text{ADP}}{\text{ADP}} \times \frac{\text{DAYS}}{\text{DAYS}} = \frac{\text{MEALS}}{\text{MEALS}} \times \frac{\text{RATE}}{\text{RATE}} = \text{REIMBURSEMENT}$

Paid $\frac{\text{ADP}}{\text{ADP}} \times \frac{\text{DAYS}}{\text{DAYS}} = \frac{\text{MEALS}}{\text{MEALS}} \times \frac{\text{RATE}}{\text{RATE}} = \text{REIMBURSEMENT}$

Cash in Lieu of Commodities $\frac{\text{MEALS}}{\text{MEALS}} \times \frac{\text{RATE}}{\text{RATE}} = \text{REIMBURSEMENT}$

Total Supper Reimbursement = _____

Total Breakfast Reimbursement _____

+ Total Lunch Reimbursement _____

+ Total Supplements Reimbursement _____

+ Total Supper Reimbursement _____

= Anticipated Reimbursement from the CACFP _____

Budget Worksheet – Complete the budget worksheet to determine the expenses that will be paid using CACFP funds. Once the agency has documented that all CACFP reimbursement is spent on CACFP expenses a nonprofit food service operation has been documented and the budget is considered complete. Should any changes need to be made to the approved budget, the local agency should make those changes, highlight the changes, and submit a highlighted copy to the CANS office with a cover letter explaining the need for the amendments. The CANS office must approve all amendments to the budget.

- A. Food for the CACFP** – Determine or estimate the average monthly cost of food and multiply by 12 months. Include food expenditures for all sites. STOP here if this equals or exceeds the Anticipated Reimbursement.
- B. Non-food for the CACFP** – Non-food includes napkins, dishwashing detergent, disposable plates, cups, or utensils, etc., used for food service. Estimate the cost for the budget period as above. STOP here if the cost of food plus the cost of non-food equals or exceeds the Anticipated Reimbursement.

The following expenditures may be approved, if appropriate, for the local agency. **Include these expenses only if the Anticipated Reimbursement has not been allocated.** Not all lines must be completed on the budget form. As noted on the budget form some items require prior approval or specific prior written approval from the Child and Adult Nutrition Services (CANS) office. The local agency budget will be limited in that no more than 15% of total reimbursement may be spent on administrative expenses.

- C. Salaries** – Prorate any salaries charged to the CACFP based on time and task logs. Fringe benefits include employer's matching portion of FICA, unemployment, worker's compensation, insurance, etc.
- D. Office Costs** – Prorate the portion of the office costs applicable to the CACFP. Document the method for prorating all application office costs included in the budget. Attach separate documentation as needed. Rental costs, office equipment purchases or leases, and computer purchases must be approved in advance and the State agency must provide the local agency with specific prior written approval for the cost of the item being charged to the CACFP.
- E. Utilities** – Prorate the portion of the utility costs applicable to the CACFP. Document the method of prorating all utilities costs included in the budget. Attach separate documentation as needed.
- F. Equipment for Food Service** – Equipment includes expenditures for repairs to existing food service equipment, equipment replacement, or additions.
- G. Contractual Services** – Prorate to determine the portion of the contractual service costs applicable to the CACFP. Document the method of prorating for all applicable costs included in the budget. Attach separate documentation as needed. Contracts of this sort must be approved in advance and the State agency must provide the local agency with specific prior written approval for the cost of the item being charged to the CACFP.
- H. Travel** – Determine or estimate the costs involved for travel to attend training, etc for the CACFP. Indicate the cents per mile for mileage costs. Travel expenses require prior approval from the State agency. If the agency wishes to use CACFP funds to pay for any part of the costs involved in a workshop that is not solely for the purpose of the CACFP the State agency must provide the local agency with specific prior written approval for the cost of the item being charged to the CACFP.
- I. Other** – Specify any other costs directly attributable to the food service program. Attach written justification for the cost.

D. Assurance Statement

This section must be signed by the Authorized Representative (as listed in Section E of Part 1 – Combined Application) and as designated in section G above. This section provides assurances that the program will be operated according to program requirements and that the local agency or its principals have not been suspended or debarred.

Part 3 – Site Application Child and Adult Care Food Program – You only need to complete this if you are adding NEW sites or moving a current site to a NEW location.

1. Enter the Local Agency name. The CANS office assigns the Local Agency number.
2. Enter the name of the site (center). The site name must be listed exactly the way it appears on the license.
3. Enter the physical address of the site (not a P.O. Box). If there is no street address, provide specific directions to arrive at the site starting at a major highway/interstate nearby.
4. Indicate the type of site. A nonprofit center has 501(c)3 status from the Internal Revenue Service. A Title XIX For Profit is a center whose participation is based on the number of participants who receive Medicaid funds (at least 25% of enrollment or licensed capacity). A Title XX For Profit is a center whose participation is based on the number of participants who receive child care assistance from the Department of Social Services (at least 25% of enrollment or licensed capacity). A F/RP For Profit is a center whose participation is based on the number of participants who qualify for free or reduced price meals (at least 25% of enrollment or licensed capacity).
5. Provide the name and title of the person who is the site supervisor and indicate if the person is a new person to the program. Provide the name and title of the person responsible for the food service at this site and indicate if the person is new to the program.
6. Indicate the method(s) that will be used to prepare meals for this site. Mark all that apply if more than one method is used. If more than one method is used, describe how and/or when each method is used. For preparation at the meal service location, meals are prepared on site at that center. For preparation at central kitchen, meals are prepared at a central site and delivered to this site for the meal service. For meals under contract with a food service management company, the center has a contract with a food service management company (college, restaurant, nursing home, hospital, etc). And, for meals under contract with local school system, a contract is in place with the local school to prepare the meals for the children at the center. If meals are prepared by a school or under a food service management contract, the agency must mark where the meals are served (at the center/site or at the school/location that prepares the meals). If there is a contract with any school or food service management company, a copy of the contract must be sent for approval.
7. Fill in the chart indicating meal times for each meal type and the estimated ADP. ADP is the Average Daily Participation or the average number served each day for each meal type. No more than two meals and one snack or two snacks and one meal may be claimed for each participant in any given day. More meals may be offered but the agency may only claim reimbursement for up to three meals (one of which must be a snack) for each child. All local agencies must allow a minimum of two hours between the beginnings of meal services.
8. Indicate if the center/site receives other Federal funds. If so, provide the name of the program (e.g. Head Start).

9. Indicate if the center is licensed/approved by Federal, State or local authority. If not, indicate if it is a Head Start or Early Head Start site. All agencies (except Head Start and Early Head Start sites) on the CACFP must be licensed to be approved for participation in the program.
10. Operating Data:
- A. Circle the days the site is open.
 - B. List the hours of operation for this site.
 - C. Indicate ages of participants the site is licensed for and the ages of participants meals will be claimed for. Note: 1) in child care, meals may not be claimed in the CACFP for participants over the age of 12 unless the participant(s) is/are functionally impaired or are children of migrant workers (up to age 15); and 2) in adult care, meals may not be claimed in the CACFP for participants under the age of 60 unless the participant(s) is/are functionally impaired.
 - D. Indicate the **estimated** number of participants eligible for free, reduced, and paid meals.
 - E. Check the method by which meals will be served. In unitized meals, each participant receives all food items at the same time on a plate/tray (going through a line, receiving the plate/tray from an adult, etc). In family style meals, the food is placed in containers on a table. Participants sit at the table and help themselves to the food items they want with adult encouragement to take the minimum amount required of each food item (and help, as needed).
 - F. All child care centers which provide care for infants must offer at least one choice of formula to the families of infants (even if the agency does not claim infant meals). Indicate the brand(s) of formula provided by the center. If the site does not care for infants, mark the appropriate box.
 - G. Indicate if the center cares for participants in shifts (just after school, just before school, etc.).
 - H. List any full weeks during the current Program year this center/site will not be open.
11. Provide specific information about the food service personnel at this site.
12. List the name of the local public school (i.e. if a family lived at the address of the site, where would the children attend school according to school boundary lines). In order to be eligible for this Snack After School meal, CACFP centers must be in a geographical area served by a school in which at least 50 percent or more of the children are eligible for free or reduced price meals. This will be verified by the State agency to determine the center's eligibility to participate in this at-risk program.

SNACK AFTER SCHOOL OPTION – Complete this section **ONLY** if the agency is planning to participate in this at risk program. This program is different from the regular PM snack served in child care facilities in that it targets children ages 6-18 that come to the center specifically for an after-school program.

13. Indicate if the local agency owns/operates the site in which the program will operate.
14. If the center is eligible, all children **must be** served snacks at no charge.
15. Snacks served to **only** the children enrolled in the after-school program may be claimed for reimbursement under this all-free option.

16. The primary purpose of the program must be to provide care in after-school setting.
17. Describe the activities as requested. Education and enrichment activities must be offered on a daily basis.
18. Activities must be structured and supervised.
19. The program must be open to all school age children, limited only by space, and/or security considerations, and/or licensing requirements?
20. Documentation of attendance must be maintained. This documentation must record the time in and time out for each child.
21. Indicate if the program will be operated on any non-school days, such as holidays and in-service days. Operation on non-school days is limited to during the school year only and does not include summer vacation.
22. Describe the method that will be used to record meal counts. By name meal counts must be taken and only meals that meet the snack pattern requirements are eligible to be claimed for reimbursement.
23. In CACFP, each site participating as a Snack After School care center must be reviewed at least two times each school year. At least one of these reviews must be made during the first four weeks of program operations at each site. Not more than six months may lapse between reviews. At least one of these reviews must be made without prior notice to the site. Provide the schedule for these reviews.

Part 4 – Child and Adult Care Food Program Agreement – Read this part carefully and keep it on file with the application. You do not need to return this part.

Part 5 – Does not apply to the Child and Adult Care Food Program.

Part 6 – Policy Statement and Attachments for the Child and Adult Care Food Program

The pricing policy statement (pricing or non-pricing) is permanent unless the agency contacts Child and Adult Nutrition Services to make a change in their pricing/non-pricing policy. At that time a new pricing policy must be completed, signed, and returned to the CANS office for approval. If changes are made to the existing policy statement (e.g. switching from non-pricing to pricing program), contact the State agency for a new policy statement to complete and return. All local agencies **must** return the appropriate policy statement attachments (letter to participants, free & reduced price meal application and public release). These must be sent to our office even if the local agency plans to use the forms as they are. If that is the case, indicate that on each form. If changes are made to the prototype form, the forms **must be submitted for approval prior to use**.

Attachment A – INCOME ELIGIBILITY GUIDELINES – These are the income guidelines that are to be used by the local agency officials in determining eligibility for free or reduced price meal benefits. This form may not be provided to families applying for free or reduced price meals. This form does not need to be returned.

Attachment B1 – **PRICING PROGRAMS PROTOTYPE LETTER TO PARTICIPANTS** – This form is for **PRICING PROGRAMS ONLY**. This attachment explains the opportunity for families to apply for free or reduced price meals. This attachment along with attachments B3, B4, and B5 **must be** provided to all families in the center. If the local agency operates a pricing program, return a copy of the letter to participants used by the local agency to CANS.

Attachment B2 – **NON-PRICING PROGRAMS PROTOTYPE LETTER TO PARTICIPANTS** – This form is for **NON-PRICING PROGRAMS ONLY**. This attachment along with attachments B3, B4, and B5 **must be** provided to all families in the center if the local agency wishes to claim meals in the free or reduced price category. Exceptions to this are Emergency Shelters, Income Qualified Head Start Children, and At-Risk Snack After School children. Meals may be served to participants in these Programs can be claimed as free without an application on file to support eligibility. If the local agency is a non-pricing program, return a copy of the letter to participants used by the local agency to CANS as part of the policy statement.

Attachment B3 – **BACK PAGE OF APPROPRIATE PARENT LETTER** – This form provides families with basic information about the types of income to report and the income guidelines for eligibility. This form **must be** provided to all families applying for meal benefits. **Note:** only the reduced income scale may be included on this attachment. Return a copy of the form used to provide this information to families.

Attachment B4 – **FREE AND REDUCED PRICE MEAL APPLICATION** – This is the current income application and **must be provided** to families wishing to apply for free or reduced price meal benefits. It is not required that families complete this form but no meal benefits (free or reduced price meals) should be provided without an approved application on file. Return a copy of the application provided to families as part of policy statement. This does not apply to children in Emergency Shelters, Income Qualified Head Start children or children enrolled in the At-Risk Snack After School Program. **NOTE:** Direct certification information that has been given directly to the participant's household by the local food stamp office, TANF office, Food Distribution on Indian Reservations, or "notice of eligibility" from a school-based Program on direct certification, may be submitted to the center or sponsor instead of completing a free and reduced price meal application.

Attachment B5 – **FREE AND REDUCED PRICE MEAL APPLICATION INSTRUCTIONS** – This is the instruction page (back page) for the application for free and reduced price meals (Attachment B4) and **must be provided** to all families applying for meal benefits. Return a copy of the form used to provide this information to families.

Attachment C – **NOTIFICATION LETTER TO PARTICIPANTS FOR PRICING PROGRAMS** – **PRICING PROGRAMS ONLY** will use this prototype. This letter must be sent to all participants who have completed an application for free or reduced price meals. The notification must be sent to the participants within the time lines indicated in the Policy Statement. Return a copy of the notification letter used by the local agency to CANS.

Attachment D – **CIVIL RIGHTS DATA COLLECTION** – Regulations require that racial/ethnic data **be collected annually**. This information must be collected for the area served and for the local agency and be maintained on file for three years beyond the year it was collected. You do not need to return this attachment to Child and Adult Nutrition Services. If you have difficulty collecting the information for the area served you may contact the CANS office for county data.

Attachment E – **PUBLIC RELEASE** – This is the local agency's copy of the public release that was submitted by the CANS office. This forms does not need to be returned to CANS but should be maintained on file.

Attachment F – RESPONSIBLE PRINCIPALS AND INDIVIDUALS – You must complete and return this attachment. An institution “principal” is considered to be the agency’s Owner / CEO / Tribal Chair / Superintendent / or equivalent, and any persons listed in Part 1 of the application (Authorized Representative, Food Service Director, Claim Representative). All institutions participating in the CACFP **must provide** this information. Read the statements that follow the chart. You must have a screening system in place to scrutinize any criminal convictions of board members which may disqualify them from performing administrative functions. You may request a sample certification statement from our office. The Authorized Representative **must sign** at the end of this section.

Attachment G – AGREEMENT CHANGE FORM – This is the form that your agency should use to make any changes to the agreement or application once it has been approved by our office. If you have questions on how to use this form you may contact our office for assistance.